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## ORIGINAL COMMUNICATIONS.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. When you want to begin a paragraph at a given word, place before it in your MS. the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times. Address all communications, subscriptions, etc., to H. T. WEBSTER. M. D., Editor CALIFORNIA MEDICAL JOURNAL, OAKLAND. CALIFORNIA.

### BERTELING'S OPHTHALMOSCOPE.

BY F. CORNWALL, M. D., SAN FRANCISCO, CAL.

The instrument of Mr. Berteling, a description of which follows, is everything claimed for it by the inventor. This gentleman is a conscientious and indefatigable investigator and deserves great credit for the instruments he has invented.

This instrument is designed for office use, and has several advantages over the pocket ophthalmoscope.

By it instrument examinations may be made by either the direct or indirect method, the principle, with the exception of the transparent reflector, being the same as by other methods.

It is claimed for this instrument (1) that examinations can be made more easily than by others; (2) that by it a higher magnifying power can be employed; (3) that a larger field can be surveyed at one time; (4) that it is in one respect a better refraction ophthalmoscope than the ordinary instrument, and (5) that it is superior for demonstrating purposes.

#### DESCRIPTION OF THE INSTRUMENT.

[*See Cut.*]

Mounted upon the upright are two eye-tubes, one of which is horizontal, through which the light passes to the patient's eye, the other, at right angles to this, through which the observer

looks. The first tube has in it, and situated at an angle of 45° to its axis, a transparent reflector. Near the end of the tube, between it and the illumination, is a convex lens, of a strength so that its focus falls near the cornea of the observed eye. The second tube, which has its axis at right angles to the first one, has in it two convex lenses. One of these lenses is at the lower extremity of the tube near the transparent reflector, and the other is near the upper extremity, and is made movable by a rack and pinion. On the smaller cylinder is a graduated scale for the purpose of measuring the refraction of the eye.

The illumination, an Argand burner by preference, is placed about twelve inches from the patient's eye, and on one side or the other of the light (according to which eye is being excmined) is placed the graduated chart. The light is protected by an opaque flue with a circular opening $\frac{3}{4}$ of an inch in diameter. The graduated chart is a *locating chart.* It has on it circular and radial lines, and on the radial lines are marked the degrees of a circle. To further facilitate the locating of parts of the ocular fundus, there is in front of this chart a movable bar fastened at its center to the center of the chart. On one end of this bar are figures, which compare with the circular lines. The eye of the patient will readily follow these figures on the moving bar, and in this way the fundus can be systematically observed. In this way a record of a progressive pathological state of the fundus can be accurately kept. The use of this chart will be obvious to any one familiar with ophthalmoscopy.

### DIRECTIONS FOR THE USE OF THE INSTRUMENT.

Having the objective No. 1 in place in the lower end of the upright tube, and the condensing lens in its holder, arrange the lamp so that light passes directly to the patient's eye. Take the eye-piece out of the upper end of the tube, through which the observer looks, and placing the patient's eye so that the cornea is illuminated, direct him to look at the figures on the chart. The observer is then to look into the end of the tube, keeping about five inches from its extremity, until the red reflex from the retina is observed; then take the No. 2 eye-piece (or preferably for the beginner a + 8 lens) and place in the end of the tube, when, if the patient is looking in the right place on the chart,

the optic disc will be in view. The observer may need to shift his position from before backwards or laterally in order that the view be rendered distinct.

FOR THE MEASUREMENT OF THE REFRACTION OF THE EYE.

Have the patient look at a distance, No. objective and No. 1 eye-piece in place. The observer must place his eye near the end of the tube, then turn the pinion until the outlines of the fundus become most distinct. In this examination the condensing lens must be removed. The scale from o to the end of the tube indicates the Myopia, and that below it the Hypermetropia in dioptries. Should the Hypermetropic end of the scale fail to be strong enough, draw the eye-piece out to ten, and add this to the amount included in the scale. If the observer's eye is not Emmetropic, he should make calculation accordingly or correct it.

When it is desired to greatly magnify the fundus, place objective No. 2 and eye-piece No. 2 in their places, and run the tube out to its full length.

DIRECT METHOD.

In making examinations by this method, take out the pin and place the tube vertically, removing the objective. If the observer is not able to relax his accommodation, use a concave lens of a strength to neutralize it. In measuring the refraction by this method—taking into consideration the refraction or accommodation of the observer's eye—the lens needed to get a clear view of the fundus will be the refraction of the observed eye.

In making examinations of the anterior portion of the eye, such as for cataract or affections of the iris, have the instrument set as for the direct method, objective No. 1 in place.

For a person who has mastered the use of the ophthalmoscope (the ordinary one in use), this instrument may not seem of any extraordinary utility, but to the individual whose experience is limited, the one under consideration will seem a priceless boon. As soon as the manipulation of the instrument is learned, almost any eye can be examined successfully by the novice. A general practitioner can never spare the time to get sufficiently handy with the old ophthalmoscope so that he can make any use of it,

but by this instrument he can have a view of the fundus, which may guide him in making diagnoses of obscure constitutional diseases. Those who treat nervous diseases can scarcely do so intelligently unless they know the condition of the optic nerve, retina, and choroid, and it is not always practicable to visit an oculist to get this information.

This instrument also greatly excels for demonstrating purposes. When a patient is once in position and directed to look at a place on the chart, so that the particular place in the fundus oculi is shown which is desired, then a class of students can have as perfect a view as the teacher himself.

A higher magnifying power can be employed than by the indirect method of the common ophthalmoscopes. This is made possible by the fixed position of the lenses in a dark tube. The accurate management of the illumination that is possible by this method also makes it possible to survey a larger field at one time than by other ophthalmoscopes.

It is claimed for this instrument that it is a more accurate refraction ophthalmoscope than any other. This is done by the indirect method. By reference to the instrument any one may see theoretically how this may be accomplished, and practically it may be demonstrated to any one's satisfaction.

It will be found necessary to exercise a moderate amount of patience in learning the use of this, as well as any optical instrument. Remember that it requires a great deal of patient labor to become proficient with the other methods of ophthalmoscopy.

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## AUSTRALIAN LETTER.

SYDNEY, NEW SOUTH WALES, July 13th, 1885.

M. HILL LOGAN, ESQ., M. D.

DEAR DOCTOR: As you know, I left San Francisco per R. M. S. *Zealandia*, *en route* for Sydney. In the June number of the JOURNAL I noted Dr. Crowley's adventures on the mighty deep. I will now give mine: On leaving the wharf at San Francisco the amount of tears shed were below the average, but the usual course of greetings, etc., was gone through, and, as we

pushed off from terra firma and slowly swung round into mid-stream, a huzza went up, and as we steamed away we could see handkerchiefs waving from the shore. When about opposite the observatory, one of the brass cannons on board was fired, denoting that the British mail steamer was leaving port. Shortly afterwards we were nearing the Golden Gate, thence reaching the Pacific. On reaching the ocean it commenced to blow a bit, so I immediately retired below and began to picture myself in the qualms of sea-sickness. I commenced taking minim doses of nitrite of amyl once every twenty minutes for five times, if possible to ward off, or prevent sea-sickness, but with no effect, only to produce intense throbbing of the carotids. Then only I was compelled to desist and make all sorts of grimaces over a China vessel, on the bottom of which was painted a large eye. It is quite common to see this on such French articles, as such erratic ideas seem to be interwoven in that restless people's morals and productions. Several passengers had set me an example for some time before I succumbed. By next morning the sea had calmed, and, although squeamish, I was up and about deck. We reached Honolulu early on Sunday morning, June 14th, and staid there for six or seven hours to land and receive mail, etc. We had a run over the place, and saw what we could in the time we had. A description can be found in the guide books. Bread, fruit, mangoes, oranges, etc., etc., were quite plentiful. After investing in a box of Havana cigars (for the ones usually sold in 'Frisco are of United States production) I, together with about a dozen of the passengers, returned on board, where we related our various experiences and impressions of the place.

Any one coming here should bring United States coin, as English money is only taken at a large discount.. It is needless for me to attempt a description of the place, natives, etc., for the reason I have above stated. John Chinaman predominates in numbers. I heard there were several English doctors in the place who charge very high fees, and who put on the full "Hinglish" style which so much disgusts the American. Amongst the passengers were the Boucicault's, the actors; Whistler, the wrestler; and two detectives from St. Louis, to bring over Max-

well (the supposed St. Louis murderer) from Auckland, N. Z.; also many others of less notoriety. I soon made myself acquainted with the surgeon. I was afterwards called by him for consultation in two cases on board. At Honolulu we landed a stowaway from 'Frisco, and, strange to say, received another, whom we discovered shortly after loosing sight of land. If not out of place, I may mention the following incident: A buxom lass and a not over-bright looking young man suddenly struck up an acquaintance, which, as time wore on, any ordinary observer could see they were ardent lovers. Rumor has it (which afterwards proved correct) that he proposed to his fiance, and, also, had given her an engagement ring. We could often, "in the gloamin'" see the pair in embracing attitudes. I thought them a "bonny couple, and that she had enough ballast to keep him straight." They were married immediately on arrival at Sydney. Such is life off and "on the ocean wave." We passed part of our time in card-playing, reading, and betting on the number of miles run daily by the steamer; also telling stories and smoking. One passenger, a burly looking German, and extremely verbose, seemed to others, as well as to myself, to greatly monopolize the company by his "gas." I was approached by several to find a means to cut him short. I thought "now I'm in a fix for once as how to tackle him." A happy thought struck me, and I hit on the plan of giving him a fair dose of pulvis elateri in a mangoe. It acted like magic, for we could see him, on several occasions, in very great haste, and apparently "on business," for we tried to stop him on several occasions to ascertain the cause, but got short answers in German. We were not troubled with him for several days. The secret was well kept. This mode of enjoying ourselves at another's expense may seem to be carrying the joke too far, but it served somewhat to relieve the monotony of an existence passed, as Disraeli once fancifully said, "on a restless and melancholy ocean."

For some days previous to crossing the equator the heat was oppressive, but afterwards we gradually got into colder weather. Several flying fish flew on board at night, being attracted by the lights. Whales, porpoises and albatrosses were seen from time to time. No one, however, could tackle a whale, although

several suggestions were made of various modes to capture one of the kings of the deep. We landed and received mails and passengers at Tutuela (one of the Friendly Islands). Our next stop was at Auckland, New Zealand, where we landed part of our cargo, also several passengers, mails, &c. Here we staid about eight hours, and had a stroll through the town. It being Sunday, no stores were open. Finally we reached Sydney, on the morning of Friday, July 3d, after being twenty-seven days at sea, where we were anything but sorry to once more tread terra firma.

P. BIRNIE WILSON, C. M., M. D.

## SENSELESS TWADDLE.

BY J. P. O'FLYNN, M. D., PIKE, MO.

There are, doubtless, men in all the various sects of medicine who, if allowed full scope, would render themselves ridiculous by appearing unpleasantly conspicuous in print upon numerous occasions. But medical editors exercise a suveillance over such persons, usually, and their effusions fail to see the light of day. Occasionally, however, some scribbler manages to jump the fence and cavort about like an untamed steer in the corn.

In order to write upon any subject, an author must have an idea. Few have brains capable of thinking intelligently, who cannot in some way express their thoughts, (even though it be in faulty English), so that the average reader can comprehend and profit hereby. But when a verbose, blatant soft-shell, devoid of ideas, who is anxious to simply parade his name before the public, spreads himself on paper, look out for a display of meaningless words, or, worse, a ridiculous perversion of the King's English.

If it were not that all eclectic physicians are concerned in this subject, this article would not be written; but I feel that, as eclectics have been accused of ignorance so much, it is their duty to keep these cranks where they will not be a cause of opprobrium. There are ignorant and incompetent men in the regular profession, and a great many of them, but editors of journals, are usually discreet enough to keep the fact from going into

print. And this is right. No one ought to advertise ignorance and incompetency.

While on a visit to a brother practitioner, a few days ago, I saw lying on his office table an eclectic medical journal, the name of which I will not mention, as I desire to avoid being personal, but among some passably good articles contained therein I discovered one which attracted my attention, for reason of its volubility and verbosity as compared with the amount of information conveyed. As an effort to occupy space it seemed a success, but as an intelligent essay on the subject, it was decidedly lame.

The subject was "Rheumatism," and it may be interesting to some of my readers to scan this production, just to know of the kind of pabulum the mental food of some of our eclectic literature consists. The article begins with the following paragraph :

"The true pathology of this disease appears to be, to a considerable degree, masked in mystic labyrinths ; yet, in this paper, I shall assume that it has its origin, development and baneful sequence in the existence of an excessive amount of excrementious material resultant from an impairment of the functions of the excretory and eliminative organs. The physical organism of man is evidently a microcosm constituted by a certain definite number of chemical elements rigidly co-ordinated and adjusted by coherent affinity inherently belonging thereto."

"Masked in mystic labyrinths" is rather a fanciful metaphor for so common and painful a subject as rheumatism. While the pathology is obscure, yet it seems a little bombastic for a writer to declare himself assuming a theory, common to medical writers, as original with himself in this day of general attention to medical literature. It appears as though the writer had but recently opened his eyes to a very common belief.

The assertion that "the physical organism of man is evidently a microcosm" seems a little strained, when we take into consideration the fact that lexicographers offer the term as synonomous with man. Man and microcosm being synonomous terms, it would be as sensible to say that "the physical organism of man is a man," as to say "the physical organism of man is a microcosm."

The second paragraph is short, and simply refers to some of the surprising discoveries of the writer. It is as follows:

"According to my ferretings, I compute the number of chemical elements, constituting man's body at sixteen, all combined in ternaro (?) and quarternary compounds."

We pass this paragraph, for what it is worth, and proceed to the third—an astounding congregation of *anthroposial* platitudes, so scientifically worded and arranged that, if it means anything in particular, it is beyond the comprehension of the ordinary mortal. It is as follows:

"The mandate of organic anthroposial life is, that the chemico-constituent elements entering in should be replete, both as regards the number of elements and the molecules, or atoms of said elements. The exacting and persistent economy so rigidly maintained in the physical existence of man is indeed wonderful to contemplate; evidencing beyond all cavil the omniscience and omnipotence of its Supreme Architect. In entirety, the anthroposial organism is complete; pronounced not only good, but very good, and formulated by the fiat of organic law. Hence, the complement is imperative, definite, inexorable, both as to the recuperative and eliminative processes. Hence, the fundamental principle, couched within all authoritative physiologists, is, 'The conditions of life is death.' Many are the originating and existing causes producing diseased action, and, among them, I mention heat, humidity, atmospherical vicisitudes, toxic germs, *et al*, all of which exist in this latitude, and have a pernicious influence in warping and twisting the normal standard of health ($98\frac{1}{2}$), so much so that the human organism, though the best economist, yet oftentimes succumbs to the deleterious poisonous effects of said causes. The absorption of cold, a familiar phrase in common parlance, yet very comprehensive in a physiological bearing, is indeed a prolific source of disease. Said cause impairs plus and minus every vital function of the economy, but its most pernicious effects are exhibited upon the excretory functions. In the exhibition of its disastrous effects upon the system, the *depurating* efficacy of the eliminating functions are partially, and even totally, suppressed. The intestinal tract is often greatly impaired; the renal apparatus, also; but especially is elimination cut off in the cutaneous system from said cause."

I admit that the language is too much for my feeble comprehension, if the paragraph is intended to convey a new idea. The following paragraphs also fail to state anything that has not alrea dy been iterated and reiterated in the preceding ones. There

is, evidently, a struggle on the part of the writer to make a very small amount of thought reach out into a respectable journal article:

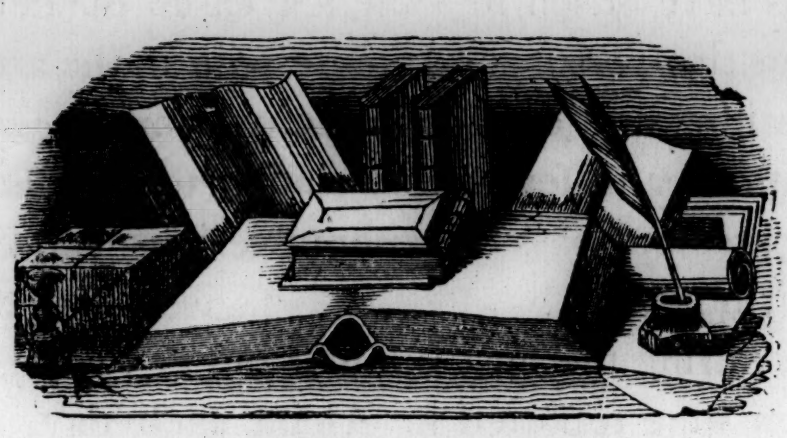
"Reader, it is a physical impossibility to fruitionize unalloyed health without there existing that normal equilibrium which, in health, is ever maintained; yea, most uncompromisingly so. Hence, under these circumstances, partial reasonings dictate—coercedly so—at once supervenes a superabundance of the excrementitious material which, by analogical reason, shows not only a redundancy of the chemico-constituent elements and their molecular equivalency, but also the toxic effects which, of necessity, legitimately follows."

"Now, then, if what is stated above be true, the fluids of the system soon, very soon, become completely surcharged with a superabundance of the constituent elements, with their molecular equivalencies, respectively, and said fluids of the system (especially the blood) are *de facto* poisoned by the toxical excreta which, by remaining in the economy, have become not only exotic, but toxical as well. Hence, a diseased action results invariably."

"Rheumatism is truly a disease of the blood; still, it appears to be a selective disease, localizing itself upon some special tissue, organ or locality of the system. Now, I maintain that the cause, the *fons et origo* of rheumatism, exists and arises from an excess of excreta, and, by said redundancy and retention of those worn out and worthless elements in the system, thus originates disease processes in the human organism. That the disease known as rheumatism is produced from the above cited cause, I maintain, is susceptible of demonstration, and, in my future dissertations, shall endeavor to establish, *Deo volante*."

The writer is an "Arkansawian," and he closes, by promising, in future "dissertations," to endeavor to establish, what he has already occupied two pages to assert, "*Deo volante*."

If the Lord reigns in Arkansaw, we hope he will so dispense, that this kind of truck may be arrested in its development before the delivery of another cargo. The credit of eclectic medicine demands that such slush be placed where the eyes of the typo shall never rest upon it. Let us hope that "*Deo*" will not "*volante*."



# EDITORIAL.

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**Ferran's Cholera Inoculation.**—Within the last year Koch, the German apostle of bacterial pathology, has announced the discovery of the existence of a peculiar microbe in the dejections of cholera patients, which he asserts to be the principle—the *causus morbi*---of the affection.

The subject of cholera has been one of painful and absorbing interest in Europe since that time, and sectional and national jealousies, especially on the part of the French, combined with the impulse of the cholera epidemic, has lead to a great deal of analysis and criticism upon Koch's methods and assertions. Even now the question of the identity of the cholera germ with that of the comma-bacillus is a mooted one.

A Spanish physician, Dr. Ferran, acting upon a belief in the genuineness of Koch's discovery, has, during the past summer, been experimenting with inoculations of the comma-bacillus for prophylactic purposes and announces not only material but brilliant results. Dr. Ferran's home is in Alcira, a place of sixteen or twenty thousand inhabitants. Of these over five thousand persons have been inoculated with a liquid consisting of prepared broth containing the bacilli of Koch, previously attenuated by successive cultivations. The bacilli were originally obtained from Marseilles, Toulon and points in Italy where there is no mistake that the disease has been raging with violence.

The inoculation consists of a sub-cutaneous injection of the liquid into the back of the lower third of the arm. It causes a bruised feeling in the part, general debility and febrile symptoms

for a few hours, but these pass away by the second day. Alarming symptoms have arisen in some few cases of delicate women and other sensitive persons. Intense pain in the arms, faintness, coldness, vomiting and cramps in the extremities, burning in the epigastrium, thirst and fever, very similar to genuine cholera, occur in these cases but pass off without serious consequence within twenty-four hours.

For a time during the past summer ten or twelve cases of suspected cholera were reported in Alcira each day, though there was not a pronounced outbreak of the disease. Out of the five thousand and more people inoculated, only five had the disease in a mild form. One instance is related of a family in which two boys died of suspected cholera, after which a third one was inoculated. A few days later he became ill, presenting the same symptoms which had proven fatal in the cases of his brothers, but he recovered perfectly in a few hours.

Ferran is not yet satisfied that his plan will prove a success. An epidemic of cholera must prove or disprove it. That the cause of the deaths which occurred in Alcira and was suspected as cholera was really that disease, seems pronounced, as the dejections contained the comma-bacilli and the symptoms were identical with those of genuine Asiatic cholera.

If one attack of cholera guaranteed immunity from a second, even to the extent manifested in small-pox and other of the eruptive diseases, there might seem more probability of these flattering reports being true, but it is asserted that such is not the case.

Not long ago the French government dispatched a commission of physicians to Spain for the purpose of investigating Ferran's methods and determining more accurately the results; but Dr. Ferran refused them admission to his laboratory and declined to impart any information on the subject. On the return of the commission it reported the methods of Ferran as unscientific and unworthy of confidence. As the physicians were not admitted to the confidence of the gentleman making the investigations, however, there is a bare possibility their report might have been tempered with a modicum of spleen. Ferran published a reply to their criticisms, the brief of which was, that he pre-

ferred bread and butter to fame, and that, as no reward had yet been conferred upon him by his government, he proposed to keep his methods to himself until a buyer could be found.

Almost any of the European nations could well afford to pension the discoverer of a preventative of cholera. If Ferran has found it, in good sooth, his reward will doubtless be forthcoming. Meantime the heated season drags its length along and cholera has only succeeded thus far in creating in this country a gigantic scare, with the salutary result of some very desirable sanitation in the majority of our large cities.

The above version of Ferran's plan of inoculation is given by Dr. Comenge who visited him and witnessed three thousand inoculations; but an American student who has been under the instruction of Koch, in a communication to the Chicago *Tribune*, supplies another. On making a visit to Ferran and introducing himself, and stating his errand to be that of investigating the method, he was informed by the Spaniard that the method was his own private property, and would not be divulged except to his own government, and then only in consideration of pecuniary reward. With this information the student was dismissed. With true irrepressible Yankeeism our countryman retired, disguised himself as a laborer and returned to request Ferran to inoculate him. This was done in a manner. The integument was opened in the arm, a small mass of solid material was introduced and retained by a bandage and three pills were given to be taken at stated intervals afterward. Hurrying to his hotel and room, the newly inoculated, tore off the bandage, removed the bolus and subjected it to an examination, with the result of the conclusion that both the material inserted in the arm and the pills consisted of elaterium, croton oil and an excipient vaseline, and possibly some other ingredients. Thus the investigator explodes the Ferran boom.

But, as good testimony goes to prove that this is not the usual method, it is not only possible but highly probable that in the case of the Yankee trick, Ferran "smelled a big mice," and planned to direct the attention of our American investigator to a more urgent mission by the administration of a prompt and energetic cathartic.

**The "Regular" "Racket."**—In 1884, at the meeting of the American Medical Association in Washington, a committee was appointed to invite the International Medical Congress to hold its next meeting (1887) in this country. The invitation was proffered and accepted, and the committee consisting of seven appointees, proceeded to nominate the chief officers of the congress and make certain other arrangements looking toward the time of meeting.

Out of this arose considerable dissatisfaction. Various causes for rescinding the action of the committee, so far as measures taken by it, further than the communicating of the invitation, have been offered. It is charged that the committee over-stepped its prerogatives. But it seems in the reconstruction of the committee, which occurred at the following meeting of the American Medical Association in New Orleans, the decapitation of all the nominees who were in favor of the New Code was designed. To the original committee of seven, appointed in Washington in 1884, were added one member from each State and Territory in the United States, thus constituting a committee of forty-five. This body was called to a meeting in Chicago not long since, and only twenty-nine responded. The character of the beast is best represented by the following resolution then and there adopted:

"The American members shall consist of delegates from the American Medical Association, and from medical societies in affiliation with the American Medical Association, each of said societies being entitled to one delegate to every ten members."

When it is understood that the invitation to the International was worded so as to read "from the Medical Profession of the United States and not from the Association only," the shameful assumption of this body is apparent.

Following upon the heels of the Chicago meeting, a convention of some of the most able and prominent men in the profession in the East, met and pledged themselves to have nothing to do with the congress in any manner. Since, the majority of those appointed, whose names carry weight with them, have sent written resignations, thus emphasizing that expression. From the present outlook the "regular" profession in America will be

represented in the congress by the "feeble sisters," while the names of those who might have afforded luster to the occasion will shine afar.

The time is not distant when Dr. Cathell's beloved code will be hung by its own suspenders.

In all probability the foreign element of the congress is by this time so disgusted by the turn affairs have assumed that steps will be taken to reconsider the acceptation of the American invitation and to appoint the meeting in some place where the ends of science are not sacrificed to the animosities arising from a despotic code.

The British *Medical Journal* suggests, as American physicians cannot expect those who would visit them, to work with enthusiasm in the preparation of any scientific contribution, while those visited are divided, that the acceptance of the invitation be withdrawn and the next meeting of the International Medical Congress be held in Berlin, or some other great medical center, thus affording time for a settlement of these differences in the United States.

As eclectic physicians, we are interested in the affairs of the entire medical world, for while we neither expect nor crave a voice in the deliberations of the American Medical Association, or indeed of any of those yclept "regular," there still remains a moral which may be taken home to our own account.

There is an irrepressible spirit of progress and independence abroad which will rebuke intolerance and arbitrary assumption sooner or later in every instance. Indeed, this spirit sometimes runs rampant and assumes to itself an excess of liberty, so much so, as to bring upon the whole body disgrace for the excessive license of the few. Just where the happy mean should be, it is not easy to determine, but we believe that the standard of medical respectability should be thorough education, modest pretensions and conscientious endeavor.

We believe that advertising pretenders should constitute a separate body, separate and distinct from respectable physicians, and that this distinction should be a legal one. This will call the attention of the public to the difference between genuine medical men and pretenders and thus relieve the medical pro-

fession of the odium engrafted upon it by those who, having been licensed by a diploma or otherwise, appear before the public in a garb of respectability, to prey upon it by false pretense. As we have before stated, it is not the "dear people" we care so much about. It is the respectability of one of our learned professions.

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**Rectal Pockets and Fringes.**—Under the above Dr. E. H. Pratt (*Medical Era*) devotes himself to an article, in which some novel and progressive ideas appear. He calls attention to certain conditions of the rectum, with which many are familiar; but the pathology advocated in his article is something of an innovation.

At the point where the lower third of the rectum becomes expanded into the middle third just at the upper edge of the internal sphincter will often be noticed prolongations or papillæ of mucous membrane, sometimes standing up like engorged erectile tissue, when an anal speculum is introduced and expanded. At the same point are often found little blind pockets dipping beneath the mucous membrane, varying from an eighth of an inch to an inch in length, and usually having their blind extremities toward the anus. Dissection proves these to frequently terminate in a minute point of ulceration.

The more we learn of reflexes the more readily we realize the important influence exerted upon distant portions of the economy by slight disturbances in certain parts of the body. Especially does this seem to be the case as regards the outlet of the rectum. A single case of anal fissure, slight though it be in its superficial aspects, is emphatic in the demonstration of this assertion. Why the reflexes of rectal pockets and fringes, occupying, as they do, a similar relation to the sphincter, should not resemble those of fissure, it is difficult to understand.

The writer referred to, details some cases which illustrate the effects to which these apparently trivial deviations may give rise. A woman who had been subject to severe congestive headaches, occurring once or twice a week, for a long time, and who had also been the subject of severe constipation, recovered completely within two weeks, both from the constipation and head-

aches after the removal of four of these papillæ and three pockets. (The papillæ were transfixed by a tenaculum and clipped with scissors, and the pockets were entered by the point of a bent probe and dissected out).

The second case was remarkable in its characteristics:

A prominent lawyer of Chicago, a man standing six feet and two inches, and weighing over two hundred pounds, called to be examined for a life insurance. He appeared well in every particular, except feeling tired, sleeping poorly, and having a heart-beat of ninety-four strokes per minute. He used neither liquor nor tobacco. He was informed that the rate of his heart's action would exclude him from present insurance, and he was referred to his family physician to reduce the rapidity of his pulse. He crowded me so hard to explain the condition that I at last began more thoroughly to investigate his case. The cold hands and feet and the pulse rate pointed to a weakened state of the sympathetic nerve. His mouth and teeth were all right. His tongue showed no signs of distress in stomach or liver—the urine was normal. An exploration of the rectum was then begun, with a view, chiefly, of ascertaining the size of the prostate gland, as he positively denied any rectal irritation or irregularity. Upon the mere introduction of the finger, the man became ashy pale. The prostate was normal, but the speculum revealed a few superficial abrasions of the mucous membrane and a few pockets and papillæ. The spots were carefully touched with 95° carbolic acid and a cotton tampon inserted. Everybody has seen the white alæ nasi and mouth caused by pinworms, or other rectal troubles. Imagine this same dead white painted over the whole face, and the entire skin surface beaded with drops of cold perspiration, and you will have a fair image of the apperance of the patient as he wearily arose from the operating chair. Suppositories and medicines continued for a space of three weeks failed to reduce the pulse, but improved the color of the rectal mucous membrane, and prepared him for more radical work. Under ether, two papillæ were cut off and four pockets slit up and the sphincter thoroughly paralyzed.

In twenty-four hours a report from the attending physician, in whose care he was left (as he lived out of town too far for me to care for him) pleased me by recording his temperature as only 99°, and his pulse at *sixty* beats per minute. A few days of rest sufficed to heal the wounds and start him well on the road to recovery. His pulse rebounded to 68 or 70, but no farther, when quiet—and he resumed his work with more vigor and life than he had known for years. I have not fairly painted his weakened

condition when the case was undertaken. For several years he had been able to work but four or five hours a day, and he spent three months of last summer in Germany in search of health, which he did not succeed in finding, and he was just about abandoning his business for some out-of-door employment, supposing his case was one of brain-fag, which only prolonged rest and change of occupation would cure.

It is with no little delight that I am able to chronicle this unique case terminating so happily. It is, however, but one case of a large number which have parted with their rectal pockets and fringes, and received in return for the painful process of separation the desired boon of restored health.

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**Predisposing Causes of Disease.**—Dietary and climatic influences exert a much more far-reaching effect upon the physical organization of man than many suppose. It is true that the vital functions tend to a remarkable constancy of operation. Food, air and raiment conspire to similar results under circumstances at wide variance. Nutriment, whether of animal or vegetable origin, tends, after elaboration by the animal economy to the production of the various tissues after the selection of each, without apparent regard to the origin of the pabulum or external influences.

But there is a difference in the quality of tissue fiber in different instances. The muscles of one individual may be firm and elastic, capable of enduring a remarkable amount of strain, while that of another under similar circumstances may be flabby and inelastic—incapable of endurance or resisting severe tension. In such cases we find the entire tissues to possess these characteristics in a marked degree. Their laxity is apparent in tendency to local congestions, œdema and ready laceration on exposure to violence.

As in the individual so in communities where circumstances predispose to these peculiarities. On the Pacific Coast people subsist on a diet in which meats are largely supplanted by vegetables and fruit. This is not simply on account of the accessibility and cheapness of these, for flesh is abundant and cheap in our own markets, but it is a physiological necessity in this climate that the digestive system must not be overtaxed with a flesh diet.

In a climate where rigorous winters create a demand for animal food, and where this is craved eight months in the year, a different quality of tissue is made than where the demand for such tissue-maker is slight and the body is not largely supplied with it.

The results are simply what we might expect. They are patent to any careful observer. Paraplegia and hemiplegia are remarkably common here, as almost any one of much observation will attest, and these are not that there is a predisposition to nervous disease, for the tendency of this climate is to soothe irritable nervous states, but it is rather the result of apoplexies—ruptures of blood vessels.

Other parts subject to tension also prove less resistant than in some other localities, if we may be allowed to judge. Laceration of the perinæum is an accident of common occurrence. Within the last three years we have encountered more of these cases here than in a practice of fourteen years in Ohio. Evidently these cannot all be the result of unskillful midwifery. There is another factor, a want of firmness of fiber peculiar to the climate and habits of these people. Other examples might be adduced to illustrate these points.

The tendency of acute diseases also evidences the result of our dietary peculiarities. Febrile diseases are almost universally of the asthenic class. Reaction is nearly universally of the low grade. The bright eyes, contracted pupils, full, bounding pulse, and throbbing carotids are not so common here as in some parts. True, a nervous erethism may be marked by bright eyes and other evidences of restlessness, and the cheeks may be flushed with hectic, but the full, bounding circulation of sthenia is not present on many occasions.

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**Slightly Mixed.**—The *Medical Record* is one among our most valued exchanges, and we are sorry to note that Editor Shrady is tinctured with that prejudice so common to old school physicians against eclecticism in medicine. In writing of the Nebraska University Medical Department he hopes "that it in time may shun eclecticism, etc., and become a creditable institution."

Another page of the same number contains, under the "Clinical Department," an article entitled "Rhus Toxicodendron in the Treatment of Enuresis." By reading the article it will be found that rhus toxicodendron is not mentioned, the paragraph referred to being an extract from a letter to the editor, to which it seems the title was supplied by the journal management.

It would be an easy matter for almost any of the despised eclectics to instruct the learned editor of the *Record* to the effect that rhus toxicodendron and rhus aromatica, the agent recommended in the article referred to, are two distinct medicines, that while both are of undoubted value, their properties differ widely both as regards physiological and therapeut.c action.

He might also be told that the rhus aromatica was introduced to the medical profession by an eclectic physician, Dr. McClannahan, of Booneville, Missouri, through an eclectic medical journal.

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**Glonoin.**—The one per cent. solution of nitro-glycerine occupies a quite important niche in our case of remedies. It unquestionably has an affinity for the cerebral circulation, and probably through the sympathetic nervous system. The entire circulatory system is more or less influenced by it, therefore, its cerebral effects are the result, in all probability, of an influence specially exerted upon the vaso-motor nerves of that region.

In some forms of headache it produces very prompt and favorable results. Menstrual headaches, especially, are very markedly impressed by it. Homeopathists speak and write very favorably of it in the results of sunstroke, and in headaches aggravated and brought on by hot sunshine. Any headache attended by throbbing, not due to inflammatory or febrile disturbance, is likely to be benefitted by it. Indeed, we have found some benefit in disturbances of the cerebral circulation attended, not by pain or throbbing, but by dizziness. In these cases the dose must be larger than where there is an active state with throbbing.

As a remedy for neuralgia it has quite a reputation. We have have not employed it in such cases.

The dose of the one per cent. solution may vary from one-third to one-half drop every three or four hours.

While carrying a vial of this strength in the vest pocket, not long ago, the cork was accidentally displaced and the medicine spilled, saturating vest and coat. Within an hour from this time we were suffering from a severe headache. Cephalalgia not being common with us, we attributed it to the emanations arising from the medicine. A homeopathist would certainly have been affected from it. The peculiarity in this case was that the sufferer should have been an eclectic.

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**The Coming College Session.**—Announcements are out for the seventh college year of the California Medical College. Any one interested should apply to the Dean of the Faculty, D. Maclean, 405 Powell St., San Francisco, for a copy.

We believe we are not egotistical in the assertion that our graduates compare favorably as practitioners with those of the same experience from other medical schools. Our faculty will be found approachable upon any point relating to a medical education at any time, whether during lecture hours or not, and painstaking in making all things clear to the student.

We are confident that no one will regret the time spent with us in learning the healing art. We do not profess to have so much age as to entitle us to all the honors in the world, but we mean to be energetic and progressive.

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**Berberis Aquifolium.**—A recent case of tertiary syphilis has called to mind the virtues of this agent. A clinic was presented before the class in which, in addition to a serpiginous ulcer upon the back near the lower point of the trapezius muscle on the right side, there was a large and deep ulcer in the roof of the mouth involving the bony structure, as exploration with a probe clearly proved. The ulceration had been present for a considerable time, long enough to be regarded as a chronic lesion. The following prescription completed a cure in about fifteen days:

℞ Fl. Ext. Berberis Aquifolium, ℥i;
Iodide Potassium, ℑi;
Ad. Simple Elixir, q. s., ℥iv.

Sig. Take a teaspoonful before meals and at bed-time.

**A New Law for the Protection of Science.**—The Legislature of Illinois has recently passed a law, which takes immediate effect, relating to the disposal of bodies required by law to be buried at public expense, which will do away with excuse for body-snatching in that State. "Superintendents of hospitals, houses of correction and bridewells, wardens of hospitals, insane asylums and poor-houses, coroners, sheriffs, jailors, city and county undertakers, and all other State, county, town and city officers in whose custody the body of any deceased person required to be buried at public expense shall be," is required to deliver up said body to any medical college, public or private school, or to any physician or surgeon, making application for same. The law, however, provides that the kindred of deceased may supersede above mentioned parties upon proving relationship. The person or officer of college or school must, before receiving a body, give the person surrendering it a sufficient bond that the remains will be decently interred, or cremated in a furnace erected for that purpose. Also, that the bodies shall not be removed from the State, and that they shall be used for purposes of science only. Severe penalties are affixed against those refusing to deliver bodies upon proper application, and also against those failing to fulfill the provisions of the law for their disposal.

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**Prof. Crowley.**—The accompanying letter from Prof. Crowley will be of special interest to students who may expect to meet him the coming regular session.

EDINBURGH, Scotland, Aug. 5, 1885.

FRIEND WEBSTER: You must excuse my silence during the past month, I have been very busy with my studies and other matters of a somewhat less importance. This afternoon I intend to increase the distance between California and myself, for I am now about to cross the North Sea to Hamburgh on the Elbe, thence to Berlin and Vienna. I shall be accompanied by a friend and therefore expect more pleasure than if boating alone. On my return to London and Dublin I shall stop a time in Paris, but the greater part of my stay on the continent will be in Berlin and Vienna. I think my stay in Edinburgh has been pleasant and profitable. Among so many hundred students and among so many brilliant teachers we find both gentlemen and scholars,

some of whom in this city I have formed the strongest attachment for, but I must to other lands. A north wind is blowing strong, therefore, I expect the usual matinee in the form of a stomachic revolution. If it were not for the terrible sea-sickness I would enjoy traveling. From now on to autumn I shall make several sea voyages across the North Sea, Dover Straits, Irish Sea and finally the Atlantic. If I suffer all of that time, I may live until I have seen the United States, and my old friends. I do not know that I will derive the same benefit from traveling on the continent that I have in Great Britain, but I will at least get a general information of great countries, their principal cities, rivers, etc., and above all I shall consider the medical institutions in some of the medical centers.

As my boat leaves Leith in about two hours, I must cease writing. All letters and journals for me, send to Fillmore, Alleganey Co., N. Y., where I will be November 1st, prior to my trip to California. I will write if anything happens of interest.

Good bye.

D. D. CROWLEY.

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PROF. F. CORNNALL, M. D.

DEAR DOCTOR: Inasmuch as you have, in the July No. of the CALIFORNIA MEDICAL JOURNAL, given a synopsis of my treatment for Cholera Infantum, hoping that it will be of some utility, I will give it more in detail.

As a rule, it is better not to administer milk, particularly if the stomach rejects it, or if the alvine evacuations are lumpy or greenish colored. It appears that milk, in these cases, rapidly coagulates and acts as a mechanical irritant to the alimentary mucous membrane. A good diet, instead, is beef or mutton broth, given in small quantities every two hours, and not oftener. For a change with this give barley or oat-meal gruel in doses of from one to four teaspoonfuls. If this amount of gruel is rejected by the stomach, give only such quantities as will be retained. To prepare the gruel, boil at least half an hour, strain and season with salt.

Apply cloths, moist with tepid water, to the abdomen, taking the precaution to cover these with dry flannel. Change the cloths about each hour. When the child's skin is dry bathe the surface frequently with an alkaline solution.

To a child one year old give from a twentieth to a thirtieth of a drop of fld. ext. aconite every two hours during the continuance of the gastro-intestinal irritation, immediately after feeding, give

R Potass bicarb ʒ i;
Tr. cajeput. co. gtt. v;
Aquæ ℥ iv.
M. S. Dose, one teaspoonful.

This is to prevent fermentation of food, and if this dose is not sufficient to accomplish this object, use a larger one. If the tongue is very red, give:

R Acid hydrochloric dil. gtt. x;
Aquae ℥ iv.
M. S. One teaspoonful in dessert-spoonful of water about fifteen minutes before feeding.

Sometimes I add to this 10 drops of tincture hydrastis. When the tongue is not abnormally red, I use the hydrastis without the acid. Occasionally small quantities of milk will be digested by giving small quantities of carbonate of potash or sulphite of soda immediately after feeding, but this is the exception and not the rule.

When milk is not digested it will ferment and become very irritating to the gastro-intestinal mucous membrane, aggravating all the symptoms. As an anti-ferment I occasionally use sulphite of soda, in about the same dose as recommended for the potassium bicarbonate. Never give more than one or two teaspoonfuls of drink at once. Whenever the stools are lumpy or greenish, or both, it indicates that the food is not properly digested, when smaller quantities should be given. When more food is taken than can be digested, it can but act harmfully, as the digestive powers become, in this way, over-taxed, and besides, there is likely to be generated, by fermentation, gases that are irritating, if not positively poisonous.

It is my experience, after long years of observation, that mercury should never be given in this disease, or, in fact, any other.

I neglected to say that in some cases milk is more easily digested if boiled slowly about two minutes.

J. P. BACKESTO, M D..

SAN JOSE, CAL.

## MISCELLANEOUS PARAGRAPHS.

Dr. Graham, mentioned in "A Trip to the Upper Sacramento," in last month's JOURNAL, should be known by the initials A. A., instead of S. S., as the printer made it.

We frequently receive communications from representative people in various parts of the country, asking for one of our graduates to locate in their vicinity. We do not have enough graduates to supply the demand.

Muriate of ammonia is reported as a specific in many cases of facial neuralgia. Half-drachm doses should be administered every half hour until three or four doses have been taken, or until the pain subsides. The agent may then be continued in ten-grain doses three or four times a day for a day or two afterward.

Dr. C. A. Harmon (*Medical Age*), of Lancaster, Ohio, proposes prostatotomy for hypertrophy of the prostate. He suggests that, as the middle lobe is the offending part, the operation be confined to its removal. This would involve ligation of the internal pudic, vesical and hemorrhoidal arteries, and as these are the main supply of the lateral lobes, atrophy of those parts might be expected to follow.

The *Atlanta Medical and Surgical Journal* contains an account of an autopsy of a Dirt Eater. Free grit was found in the peritoneal cavity. The large intestine was bound down posteriorly and matted together, the result supposably of peritonitis attending the perforation of the gut at the time the grit escaped through the intestinal wall. The pylorus was thickened, probably from the passage of irritants. The liver, spleen and kidneys were much enlarged, and had to a certain extent undergone amyloid degeneration. The same number contains the details of a case of rattlesnake poisoning succcessfully treated with permanganate of potash.

California Medical College has one graduate who has become so æsthetic in his tastes that he never administers any medicine lower than the thirtieth attenuation. This would be all right were he not so offensively blatant in buttonholing his betters to insist that that is the only way to do. We employ some of the attenuations, and know, in their proper place, they are as useful as crude drugs in other instances. The persistence with which some men with paucity of experience insist upon instructing their elders and betters reminds us of Lincoln's story of the agriculturist who proposed to fertilize a ten-acre field with a single flatus. In this particular instance the wind would certainly not be lacking.

Tyrotoxicon, or cheese poison, is the subjeet of a paper read by Dr. Vaughn at a meeting of the Michigan State Board of Health in July last. As to what the generation of this poison

depends upon, nothing is yet known, and its detection is difficult, as it imparts little characteristic odor or taste to the affected cheese. Dr. Vaughn offers the following test for its detection, though he admits it to be faulty, in that any green cheese will produce the same effect, though more slowly: "Press a small strip of blue litmus paper against a freshly cut surface of the cheese; if the strip is reddened instantly and intensely, the cheese may be regarded with suspicion." Dryness of the mouth and throat, nausea, vomiting, diarrhæa, headache, double vision and extreme prostration are some of the effects of the poison. A number of instances have occurred where the dissemination of "sick" cheese has been attended by havoc in the neighborhood of its distribution. As a rule, the effects are not fatal, but pass off in a few hours.

An apple from that tree of discord, the organization of the International Medical Congress, has been thrown into our lap in the shape of a pamphlet entitled "Shadows in the Ethics of the International Medical Congress," in which Dr. Levi Cooper Lane, of San Francisco, begins by announcing his intention of defending himself from a wrongful attack, and ends by an assault upon Dr. R. Beverly Cole, at whose instance he supposes himself to have been dropped from the Committee of Arrangements and the list of Vice Presidents of the Congress. To clear himself of the charge of affiliation with the New Code men, Dr. Lane proceeds to prove Dr. Cole guilty of the basest ingratitude, publishing a letter from Dr. Cole thanking him (Dr. Lane) for medical services rendered to Dr. Cole's family, services which, according to Dr. Lane, involved the climbing of three pairs of stairs daily for three months! The connection between the New Code and all this stair-climbing is not clear, but it is clear that we are only at the beginning of the wrangles growing out of this unfortunate squabble about the Congress. Let us hope that few of the private wranglers will show their bad taste in print like Dr. Levi Cooper Lane.—*Northwestern Lancet.*

The saying "brevity is the soul of wit," should in the case of many of the "phunny" sayings of our journals be altered to "levity is the soul of wit." However, doctors are human and enjoy a joke, even though it be a little "smutty," though there is sometimes too much of a good thing. By the way the *Medical Age* is responsible for the following:

"The origin of names is sometimes amusing as well as interesting, and the names of drugs furnish frequent illustrations. The latest has reference to Damiana, and comes to us through Dr. Thackeray, who got it from Mr. Cahill, Mexican Consul at

St. Louis. Mr. Cahill vouches for it as the Spanish version: An old fellow, well-preserved as to all his physical parts save one, was induced by some friends to try the effects of turnera aphrodisiaca for that defect. The action of the drug proved to be most characteristic. After exhausting the resources of his own household he, like Alexander, sighed for other worlds to conquer. He had unbounded confidence in his virility. Now there lived in his town one Anna, a courtesan, of great powers in her line, and the old man in the exuberance of his rejuvenated passion, desired to encounter her. He therefore exclaimed: "Da-mi-Anna," which being translated means "Bring me Anna;" *da* being the imperative of the Spanish verb *dar*, to bring."

## BOOK NOTICES.

POISONS: THEIR EFFECTS AND DETECTION. By Alexander Wynter Blythe, M. R., C. S., F. C. S. &c. With Tables and Illustrations. Two Volumes.

These volumes constitute the June and July numbers of Wood's Library for the current year. They constitute a rewritten second edition of the author's "Practical Chemistry." The two volumes constitute a work of between six and seven hundred pages. A special feature of the work is the attention given to Cadaveric Alkaloids. Snake poison and other toxic animal secretions are also duly considered.

ON RENAL AND URINARY AFFECTIONS. By W. Howship Dickinson, M. D., Cantab F. R. C. P., Etc., Etc.

This is the August number of Wood's Library for the present year. It consists of a volume of three hundred and forty-two pages of solid pica, devoted to a series of articles on miscellaneous diseases of the kidneys and urine. Wm. Wood & Co., 56 & 58 Lafayette Place, New York.

THE TECHNOLOGY OF BACTERIAL INVESTIGATION. Explicit directions for the study of Bacteria, their culture, staining, mounting, etc., according to the methods employed by the most eminent investigators. By Charles S. Dolly, M. D.

A handsome volume of two hundred and sixty odd pages, containing much practical information for the investigator in the direction of bacterial pathology. S. E. Cassino & Co., Publishers, Boston. Price $2.00. For sale at all book stores.

INEBRIISM. By T. L. Wright, M. D., Member of the American Association for the Cure of Inebriates.

An interesting volume by a master-mind. For sale by Author, T. L. Wright, Bellefontaine, Ohio. Price, $1.25, postpaid.

# SELECTIONS.

## RECENT ADVANCES IN DERMATOLOGICAL THERAPEUTICS.

It is undoubtedly the general verdict of every intelligent physician in general practice that the treatment of cutaneous diseases, as a whole, is not generally as satisfactory, either to himself or patient, as other departments of practice. The principal reason for this is the little attention given to the subject by the general practitioner.

While I may not be able to instruct you, yet I hope to gain a sufficient amount of your attention to awaken an interest and stimulate a desire for investigation in this department of the practice of medicine.

The methods of treatment which I have outlined are a review of some of the more recent advances in cutaneous therapeutics.

It is not to be understood, however, that the remedies mentioned in this paper are recommended as the best or only remedial agents to be used in each instance in the management of the various diseases under consideration to the exclusion of other and well-recognized plans of treatment, but as supplental thereto.

I wish to direct your attention, first, to a class of preparations but a very few years ago introduced into cutaneous therapeutics, and known by the general designation of the oleates.

The advantages which it is claimed the oleates possess over ordinary ointments are the following:

1st. Their deep penetration.
2d. Their freedom from rancidity.
3d. Their cleanliness of application.
4th. Their great economy.
5th. Their antiseptic and deodorant properties.

A long list of substances have been included in the oleate preparations.

Among the number may be mentioned copper, mercury, bismuth, zinc, etc. These preparations seemed to gain their popularity by the success achieved by an ointment of the oleate of

copper in the treatment of ringworm. The oleate of copper is an excellent application in ringworm. The oleate of mercury would be indicated in the inunction treatment of syphilis, and in the various parasitic diseases. The oleate of bismuth would be useful in rosacea, and zinc oleate in vesicular eczema, and excessive sweating or hyperidrosis. Dr. Shoemaker, of Philadelphia, reports favorably on the use of oleate of copper in the removal of freckles or lentigo, yet he does not claim that it is a specific for this disfigurement. It will be remembered that Dr. Shoemaker is an enthusiastic advocate of the treatment of skin diseases by the oleates. Whether the oleate of copper will prove itself a better remedy in lentigo than a solution of corrosive sublimate remains for the future to decide. There is no question but that the oleates are a valuable addition to the therapeutics of skin diseases.

At the recent meeting of the Pennsylvania State Medical Society, held the last week in May, Dr. Shoemaker spoke of medicated soaps. Potash and soda soaps are medicated with tar, naphthol, carbolic acid, salicylic acid, sulphur, balsam of Peru, alum, camphor, eucalyptol, corrosive sublimate, etc. They must be used with caution, as they are productive of harm as well as good, and they should not be relied on exclusively.

Dr. Engelsted, of Copenhagen, Denmark, made a report some time ago in regard to the use of naphthol in skin diseases. The remedy was first proposed by Kaposi, of Vienna, as a remedy in scabies. Kaposi recommended an ointment composed of fifteen parts of naphthol, ten of chalk, fifty of green soap, and one of lard. The results reported by various dermatologists do not correspond, as might be supposed. Engelsted is not inclined to regard it with much favor, except possibly in scabies, while Van Harlingen, of Philadelphia, is especially pleased with its action in scabies, and regards it as a valuable addition to the external treatment of psoriasis. In eczema, seborrhœa and ringworm he has not obtained the brilliant results claimed by Kaposi. In psoriasis it is used in the proportion of forty-five parts of naphthol, one hundred of water and two hundred of alcohol. This solution is applied to the scaly portions of the disease morning and evening. It cannot be used many days at a time, on account

of the irritation it produces. Engelsted does not consider it as valuable as chrysarobin in the treatment of psoriasis. It is useful in a weak solution to allay itching.

Dr. Corlett, of Cleveland, Ohio, recommends bromide of arsenic internally, and chrysarobin pigment externally in psoriasis.

Dr. George Henry Fox, in the second edition of his "Photographic Illustrations of Skin Diseases," speaks of a combination of chrysarobin, salicylic acid, ether and collodion for the external treatment of psoriasis. The formula which he advises is as follows:

| | | |
|---|---|---|
| Chrysarobin | 10 | parts. |
| Salicylic acid | 10 | " |
| Ether | 15 | " |
| Flexible collodion | to 100 | " |

This combination is known at the New York Skin and Cancer Hospital as the "Compound Chrysarobin Pigment." Dr. Fox speaks very highly of this treatment. Chrysophanic acid causes more staining of the integument, and sometimes excites a pretty severe dermatitis, besides injuring clothing. The combination of chrysarobin does not produce these unpleasant effects.

Dr. H. G. Piffard, of New York, recently recommended bromide of arsenic in doses varying from one one-hundredth to one-fiftieth of a grain, two or three times a day, in acne vulgaris.

Dr. Morris presented a case of eczema of the leg, at a meeting of the New York Dermatological Society, February 26, 1884, treated with medicated gelatin plaster. The following formula was used:

| | | |
|---|---|---|
| Glycerin | 250 | parts. |
| Gelatin | 1000 | " |
| Water | 2000 | " |

This was medicated with ten per cent. of oxide of zinc and one per cent. of carbolic acid. This was applied to the diseased skin, and allowed to remain a number of days. It forms a firm, protective coating, and retains the medicinal application evenly in contact with the disease. Another way of preparing plasters is to spread a coating of the medicated gelatin or other combination on muslin. The muslin can then be cut in any desired shape and made to fit any inequality of the surface.

Dr. W. T. Alexander, of New York, recently called attention to the success he had met with in treating ringworm of the scalp, in a public institution, by the use of a ten per cent. solution of chrysarobin in liquor gutta percha. This pigment was painted over the diseased ring with a brush, and allowed to remain a number of days.

Within the past year a mode of preparing medicated powders for moist skin affections was brought to the notice of American dermatologists by Dr. Faithful, of Australia. The remedy is first dissolved in alcohol, ether or chloroform. The solution is then mixed with starch or French chalk, and the alcohol, chloroform or ether allowed to evaporate. The evaporation should be conducted without the aid of heat. A fine medicated starch or chalk-powder remains. Various remedies may be prepared in this way. Vesicular eczema, intertrigo, herpes, ulcers, etc., may be treated with these powders. "Anderson's Dusting Powder," an old, but valuable remedy, is useful in the same conditions. This powder is composed of one-half ounce of zinc oxide, one drachm and a half of camphor and one ounce of starch.

The somewhat remarkable statement has been made that a crop of warts has been removed from the hands by daily ten-grain doses of calcined magnesia, taken in the morning before breakfast. It has the merit of being harmless and simple, but I doubt very much the efficacy of the treatment.

Alder Smith recommends seven grains of chrysophanic acid to one ounce of chloroform in the treatment of ringworm.

Resorcin, a preparation from various gum resins, has been recommended in eczema, erysipelas, ulcers, wounds and epithelioma. It is used in the proportion of one or two parts to ten of vaseline. It has not been used very extensively, and does not seem to have proven itself a very valuable addition to the therapeutics of the diseases mentioned.

Dr. R. W. Taylor, of New York, recommended a measure last year in the treatment of eczema marginatum, and of ringworm in general, of using a solution of corrosive sublimate in tincture of myrrh, or compound tincture of benzoin. Two to four grains to the ounce is the strength used. It is perhaps as well to commence with the weaker solution. The principle of

using the benzoin or any of the gum resins is to furnish a vehicle for retaining the corrosive sublimate in contact with the diseased patch of skin. It is not thought that the tinctures have any therapeutic effect on the disease.

Dr. S. Sherwell, of Brooklyn, read a paper before the annual meeting of the American Dermatological Association, in August, 1884, on the treatment of acne and rosacea in the male subject. He made the basis of his remarks some old chronic cases of acne and rosacea. They had resisted every plan of treatment. They were finally relieved of the disease and its annoying disfigurement by the introduction of the cold steel sound. The sound was passed every third day for a time, gradually increasing the interval to once a week, as improvement followed.

At a meeting of the New York Dermatological Society, held March 24, 1885, Dr. George Henry Fox made some remarks concerning the balsam of Peru combined with the various metallic oxides, as an adhesive dressing in skin diseases. Zinc, bismuth, magnesia, etc., may be thus combined. He also spoke of the treatment of psoriasis by salicylic acid in castor oil. Two to five per cent. is the strength ordinarily used.

In the April number of the *Journal of Cutaneous and Venereal Diseases* for this year, is a note from Dr. Greene, of Christiania, recommending iodide of potassium in fifteen-grain doses, three or four times a day, gradually increasing it, for psoriasis.

Pyrogallic and salicylic acids have been recommended in the treatment of chancres and venereal ulcers. Of the two, the pyrogallic has the greater weight of evidence in its favor, as being more prompt and certain in action. It should not be combined with soap or other alkali, as it is thus readily decomposed.

Calx Sulphurata, an article brought into prominence about fourteen years ago by Dr. Sydney Ringer, as a remedy in furuncles, is of value in other skin affections. Cane reported favorable results from its use, in 1878, in acne and in eczema rubrum.

One of the latest remedies for psoriasis is the fluid extract of burdock seed. It is recommended in the doses of twenty drops to one drachm three times a day. I have used it with apparent benefit, but I have not had an opportunity of testing it sufficiently to be able to report intelligently in regard to it. It has

been spoken of favorably by a number of physicians, yet it does not seem to have gained the confidence of those who know the most of dermatology.

Dr. E. L. Keyes, of New York, read a paper before the New York Dermatological Society, the first of this year, entitled "Note on Hydrochlorate of Cocaine—Its Possible Dermatological Uses." Briefly, it is recommended in cutting out small tumors, opening abcesses, in epilation, applying caustic to syphilitic sores, etc. There is no doubt but that it can be used to good advantage in many skin affections.

I wish to say a few words in regard to phytolacca decandra. It is well known that this remedy possesses the remarkable power of arresting glandular inflammation, especially of the mammæ. The thought has occurred to me, of late, that it might prove advantageous in acne, and possibly in comedones and seborrhœa. have not had occasion to try it as yet, but intend to give it a trial at the first opportunity. It may not be of any value, but a thorough test of it would do no harm.—*Frederick W. Putnam, M. D., in Journal of Cutaneous and Venereal Diseases.*

## NERVOUS DISORDERS PECULIAR TO WOMEN.

The susceptibility of woman to the various nervous disorders has been noticed by all medical observers, Sydenham being one of the first to notice the hysterical element entering into nearly every disease affecting the human female.

Hodge, in speaking of the physical nervous susceptibility of woman, says:

"Minor causes will disturb her mind and body; powerful impressions will produce great agitations of her mental and moral being, and of all the tissues under the domain of the cerebro-spinal system. Hence, crying, delirium, spasms, convulsions, etc., are much more common among women than among men."

For the cause of these nervous peculiarities, one naturally looks to the sexual organs, and in the intimate relation of the sympathetic nervous system with the uterus and its appendages, we undoubtedly find the explanation of the phenomena.

The many reflex nervous symptoms seen in the puerperal woman are but examples of the influence exerted by the womb over the whole nervous economy.

Keeping this close nervous sympathy in mind, one can readily understand how any injury to or disuse of the uterus, or mechanical obstruction to the uterine circulation, might produce well-marked nervous symptoms.

In that combination of pathological conditions spoken of as subinvolution of the uterus, we find the source of a great number of subsequent nervous disorders. Here, following a tedious or an instrumental delivery, the patient is the victim of milk fever, phlegmasia dolens or an incipient attack of puerperal septicæmia.

In a great number of these cases a laceration of the cervix is found to be the primary cause; from this laceration septic absorption has produced a pelvic cellulitis, and this, by interfering with the return of blood through the uterine veins, causes an engorgement of blood in the uterine sinuses, with consequent enlargement of the organ.

The congestion of the uterine vessels prevents the healing of this laceration, and as an open sore (so-called ectropion), it proves an exciting cause for that profuse and long-continued leucorrhœal discharge so troublesome in most of these cases. As the uterus is much too heavy, it sags in the pelvis, drawing upon the uterine ligaments, and so further interfering with the normal out-flow of blood. The lacerated surfaces of the cervix are rolled out by being pressed down upon the pelvic floor, and are kept in an eroded and inflamed state by the continuous uterine congestion.

In the attempts of nature to heal this laceration, cicatricial tissue is slowly deposited, and the surface of the tear is scarred over, leaving a greater or less amount of hard tissue, according to various physical conditions, differing with each separate case.

In this process of scarring over of the laceration the ducts of the cervical glands may become occluded, producing the so-called cystic degeneration of the cervic. And finally, the terminal nerve filaments exposed in either angle of the laceration are pressed upon by the cicatrix or "cicatricial plug," producing various nervous symptoms.

The principal neuroses referable to this lesion are: Occipital neuralgia, upon which Dr. Emmet lays particular stress; pains in the back; pains following either one or both sciatic nerves; facial neuralgia, and pains in the vaginal regions. That these symptoms are produced by a laceration of the cervix, and that they can be cured by trachelorrhaphy, properly performed, has been so often proven that I will not detain you with a discussion of this point, but wish to call your attention to a few cases in which very particular nervous symptoms were produced by this lesion.

The first case is one of which I had the pleasure of taking the history while acting as senior assistant surgeon under Dr. Emmet, in the New York State Woman's Hospital.

As it is to him that we owe the recognition of this disorder, as well as the remedy, in the operation now called by his name, it seems eminently proper to place his case at the head.

Case I. Mrs. M. C., of Connecticut, admitted Nov. 13, 1883. Aged 37; married 14 years. Twelve years ago patient was delivered of her only child. The labor was very severe, lasting three days, at the end of which time she was delivered with instruments. During the delivery her perineum was badly torn, the tear extending through into the rectum. She recovered poorly, and was unable to nurse her child.

Four years ago patient miscarried at the second month; since then the menstrual flow has steadily increased in amount until the present time, when she appears very much exsanguinated. Her bladder is quite irritable, particularly in the early hours of the morning.

Patient suffers from a severe aching pain situated low down in the back and in the left side; she is excessively nervous, having hysterical attacks alternating with fits of melancholy, the melancholia being so marked that her friends have seriously contemplated sending her to an insane asylum, fearing that if left to herself she might attempt to take her own life.

November 15th. Patient was examined by Dr. T. A. Emmet, who finds a complete laceration of the perineum, the tear extending through the sphincter and well up the recto-vaginal septum; cellulitis in both broad ligaments, especially affecting the right,

fixing the uterus in the position of anteversion, and causing the vesical irritability. The uterus is too large, and the cervix is badly lacerated, the tear extending down to the vaginal junction upon either side. The cervix is quite hard, and there is considerable cicatricial tissue, especially in the angles of the laceration.

Regular house treatment prescribed. January 22, 1884, Dr. Emmet performs trachelorrhaphy, the preparatory treatment having cleared up the cellulitis, with a relief of the consequent menorrhagia and vesical irritability. Dr. Emmet removes a large amount of cicatricial tissue, and restores the cervix, using six silver wire sutures upon either side.

February 6th. All sutures removed from the cervix to-day by the house surgeon.

February 7th. Dr. Emmet examines patient, and finds that the operation upon the cervix has been a success. Will operate upon the perineum on the 12th.

February 12th. Dr. Emmet performs perineorrhaphy, using seven silver sutures on the posterior vaginal wall, and six shotted sutures on the skin surface of the perineum.

February 28th. Dr. Emmet removes all stitches.

March 27th. Examination to-day shows that the posterior vaginal wall has united down to and including some fibres of the ext. sphincter. Patient now has control over her bowels.

Uterus is in position, the vesical irritability and menorrnagia are cured, and since the operation upon the cervix she has had none of the nervous symptoms for which she came to the hospital.

April 7th. Patient is discharged from the hospital.

Case II. Dr. R. S. Sutton, of Pittsburg, Pa., has recorded (in the Amer. Gynæc. Trans., 1880), a case of cataleptic convulsions due to a laceration of the cervix.

In August, 1872, patient had an easy but rapid delivery, accompanied by several convulsions. Some time after she consulted Dr. Sutton, who discovered that the convulsions could be produced by making pressure in the angle of a laceration of the cervix. Six years later Dr. Sutton was again consulted about this case, when he was able to demonstrate to the attending physician that the convulsions could be produced by pressure as

before, the finger nail or probe producing no effect except when pressed deep into the angle of the laceration.

Soon after, Dr. Sutton performed trachelorrhaphy upon this case, with the best of results; the patient had no convulsions nine months after the operation.

In the second edition of Dr. Munde's "Minor Surgical Gynæcology," there are several interesting cases bearing directly upon this point. The first of his cases gives a lady who had suffered for eighteen years, or since the birth of her only child, with violent attacks of hermicrania and sciatica neuralgia, coming on particularly at the menstrual periods.

She had been treated for some months for an "ulceration of the cervix," which was supposed to have been cured. Upon examination, Dr. Munde found a "perfectly healed bilateral laceration of the cervix of the third degree, with a rather well-marked cicatrix, the cervix being slightly attached by an old adhesion to the right side. Firm pressure on the cicatrix in the upper angle of the right fissure, at once produced the sciatica on that side." Dr. Munde was able to diminish the number of the attacks by local application of the galvanic current, and later to produce a radical cure by excising the cicatrix and closing the cervix, so that three years after the operation the patient had suffered no return of the migraine.

Another case reported by Dr. Munde is that of a woman, who after the birth of her only child, passed into a deep comatose sleep at every coition.

Upon examination, the Doctor discovered a "deep bilateral laceration with considerable eversion." Firm pressure in the angle of the laceration caused the heavy sleep; from which she could be aroused only by making deep pressure into the left ovarian region. Charcot's expedient for hysterical paroxysms. A repetition of the examination caused a return of the sleep, which closely resembled catalepsy. Trachelorrhaphy and excision of both cicatricial plugs, caused a complete cure of this case.

There are mentioned in the latest edition of Dr. Emmet's "Principles and Practice of Gynæcology," three cases of facial neuralgia, which could be produced by exerting pressure in the angle of a laceration of the cervix.

All three of these cases Dr. Emmet was able to cure, and one immediately, by removing a plug of cicatricial tissue from the angle of the laceration and then restoring the cervix.

In conclusion, I will recount a very interesting case which unfortunately has not been printed. As upon two occasions last spring I heard the history very fully recounted by Dr. Emmet, I feel well able to reproduce it.

Early last spring a young married lady from South Carolina entered Dr. Emmet's private hospital.

For six months previous to consulting the Doctor she had been unable to swallow any solid food, any attempt provoking the most violent attacks of coughing and vomiting.

Her only child was seven months old, the labor having been severe and tedious.

During convalesence she was startled while holding a small bunch of ravelings in her mouth, and inhaled or partially swallowed the ravelings, producing a severe fit of coughing and strangling. This seems to have determined the point of explosion of the nervous irritability, for from that day the patient was unable to swallow any solid or semi-solid food.

Dr. Emmet told the patient that he considered the symptoms hysterical, and that she could control the attacks if she would really try.

On two occasions after this the nurses found her nearly strangled, from having privately tried to swallow some solid bit of food.

Dr. Emmet not long after operated upon her cervix, and removed from the angle of the laceration a large amount of cartilaginous, cicatrical tissue, which extended well up to and above the internal os. Ten days after the operation the patient ate two chops for breakfast and has never had any trouble since.

My conclusion drawn from these few cases is that every woman who has borne children and presents peculiar nervous symptoms should be examined for the condition of subinvolution or laceration of the cervix, and after excluding other probable causes for the nervous irritability.—*A. McClaren, M. D., in Northwestern Lancet.*

# BOVINE TUBERCULOSIS.

Dr. Robert Koch, in an address delivered in March, 1882, before the Physiological Society of Berlin, upon "The Etiology of Tubercular Disease," says: "One-seventh of the deaths of the human race are due to tubercular disease," and recently published statistics, which, while probably below the actual facts, show that, in 1880, there occurred, leaving out fractions, ninety-five thousand deaths from the one single cause—consumption—in the United States alone.

Any influence, then, which tends to bring about so great destruction and distress to the human family deserves certainly the most pains-taking and exhaustive investigation, and, as far as it may be possible, its abatement or mitigation.

To this end, therefore, has this paper been prepared, that the facts herein contained, and which are but recent in their discovery, may be more widely scattered among the people for their information and guidance, and with the hope of obtaining the practical result of establishing, under the sanction of law, a system of inspection by which the danger of partaking of infected meat and milk may be reduced to the minimum.

Certain zoological affinities between man and the lower order of animals have, in recent time, provoked much speculation among philosophers and naturalists. Yet, impressed as we are, no aspect of the subject is so full of practical interest and instruction, so full of weal or woe to the race, as that to be derived from a careful study of the pathological relations of the two. For our present purposes, we restrict the scope of this paper to a brief consideration of the danger of communicating diseases, especially such as are tuberculous in their nature, to man through the use of food products of infected animals. From a broad statement of fact we learn that the skeletal frame-work and internal organization of the higher mammalia are not only morphologically identical with the structure of man, and thus subserve the same purpose in animal economy; but the blood is similar in chemical composition, contains the same anatomical elements, and is subject to analogous changes in disease; hence, in the use of food products of infected animals the danger of

communicating to man some virulent blood poison is always imminent, for "Nowhere in the struggle of life against the manifold causes of disease," it has been truly said, "do we more effectually imperil our health and happiness, than in partaking of animal food of a suspicious character." Much effort has been made in this direction during the recent past, and many facts of importance have been brought to light; yet, practically, we are but still only upon its threshold, and what occasions most regret is that the accomplished laborers engaged in this wide field of scientific research at this time, are, in reality, but few.

However, it is suggested that the time has now arrived when the sanitarian and physician should no longer neglect it, but, with zeal kindled afresh, press forward to the exploration of this realm in the causation of disease, and thus most accurately survey those boundary lines in pathology, which now seem to separate the human maladies from those of our food-producing animals. Here, no doubt, will be realized one of the highest and most important achievements in medical science, as through knowledge thus obtained, we will be able to indicate causes of human disease now scarcely suspected, or but dimly comprehended. Less than fifteen years ago we were utterly ignorant of the fact that milk ever became a carrier of infection—yet Mr. Earnest Hart, of London, states that during this short period, and up to 1881, there occurred in England, alone, fifty epidemics of typhoid fever, fifteen of scarlet fever, and seven of diphtheria, traced to the use of infected milk.

That the list should end here, and permanently be limited to the three diseases named, there is nothing, in the analogy of epidemics as at present understood, to warrant us for a moment in believing. At a glance, then, are we profoundly impressed with the fact that nowhere exists there greater danger to the public health than is to be found comprehended in the science of dietetics, and no aspect of it demands a more thorough and intelligent supervision, or one more worthy of our daily consideration, than the sanitary condition of the milk and meat we consume, or one better calculated to enhance the cause of sanitary science, than the practical study of those ailments which affect our food-producing animals.

The extent to which the different kinds of diseased meat are liable to be used will depend, in a great measure, upon the comparative frequency that these infectious maladies occur in a given locality, and the more insidious the nature of the disease the greater the liability of its transmission from animals that are being slaughtered that are more or less affected.

"All meat that would cause sickness, disease, or death, in man, if partaken as food, must be regarded in the light of sanitary science as diseased, and consequently unfit for human use, in any form." Meat possessing such qualities must come from an animal affected with some form of an infectious malady, the germs of which are contained in the flesh, and are liable to be transmitted; for a disease in which a contagious virus is developed during its course, or a virulent principal generated in the blood, renders the meat from all animals thus affected exceedingly dangerous as an article of fool. "Meat is not materially affected by the entozoic maladies of animals, unless the parasite, in some stage of its existence, makes its abode in the flesh, and has not been destroyed by cooking." Practically, then, from this we conclude that there are but few diseases which absolutely render these animal supplies unfit for human use so far as yet known, prominent among which have been mentioned tuberculosis, malignant anthrax, small-pox, erysipelas, hydrophobia, and the two parasitic affections caused by the trichina spiralis and the measle tape-worms. There are, however, other maladies from which our slaughtered animals are liable to have suffered, and which may greatly impoverish the nutritive quality of the meat, and thus render it unpleasant in taste and general appearance, but if the flesh contains no animal poisons, or other morbid products, no harm can come from its use, so far as we now know, when served upon our table. And even a diseased article, when thoroughly cooked, may not prove injurious to one whose digestive powers are active. Many varieties of diseased meat are so patent, that even by the dexterity of the butcher's art it is impossible to disguise them. Measly pork and beef, for instance, are easily detected by the unaided eye; but the parasitic contamination of such meat is often overlooked in the absence of official inspection or sufficient popular information regarding it,

and consequently there is ever present an opportunity for a tape-worm to become initiated in all who may partake of it. The tubercular deposits, we are informed, which are found at times upon the pleural membrane lining the chest cavity of the animal, thereby causing the lungs to adhere to the ribs or along the internal walls of the abdomen, are sufficient evidence alone to condemn the carcass.

However, without a careful inquiry into the history of the article, or a microscopic inspection, it is no easy matter in all cases to decide whether meat is possessed of injurious qualities or not.

Take, for example, trichinous pork and any of the many cases following its use; none of the victims ever suspected the meat until a peculiar form of sicknsss made its appearance, involving all who partook of it, and we are informed that this is also true of black-leg veal and other fine-looking specimens of meat that are affected with anthrax poison, and probably still other infections not yet fully made out.

To what extent trichinosis exists among the hogs of Tennessee, we have no positive information beyond the fact that it does exist in some degree, but as the larger portion of the pork used in this State is imported from points north and west of us, principally from Indianapolis and Chicago, it may not be inappropriate to here digress a moment and give some facts as to the prevalence of trichinosis in the hogs found in the region from which the pork-packers of these places largely derive their supplies.

It will suffice for our present purpose to take, for illustration upon this point, the situation as we find it in the State of Indiana alone.

Dr. G. Sutton, of Aurora, Ind., says, in a report made to the American Medical Association, at its meeting last May: "We know at the present time that there is a desire to suppress facts in relation to the existence of trichina in our pork, but after an experience of ten years, in which I have examined a large amount of pork, I can say that from three to sixteen per cent. of the hogs in southeastern Indiana are infected with this parasite. The prevalence of the disease amongst the hogs varies greatly in different localities. I know that in one instance pork that was brought

to my office by a farmer for examination was found to be filled with trichina. This pork, instead of being used in his family, we have the most conclusive evidence, was at once shipped to Cincinnati and sold in the market. Drs. Harding and Robbin, of Lawrenceburgh, informed me that they had microscopically examined specimens from two hundred and forty-five different hogs slaughtered in the vicinity of Lawrenceburgh, and found trichina present in forty of the specimens, making about sixteen and one-third per cent. of all examined. Drs. Gatch and Miller, of Lawrenceburgh, also informed me that they had examined with a microscope two hundred hogs killed for pork, and found trichina in thirteen, making about six per cent. Dr. G. V. Stevenson, of Rising Sun, also wrote to me that he had found trichina in pork killed in Ohio county; and Dr. Sale, of Dillsborough, told me that he had found trichina in pork killed in that section of the country.

"We have seen notices recently, in the newspapers, that trichina had been discovered, and that trichinosis had prevailed at Liberty, South Bend, Fort Wayne, Decatur, and other places in Indiana.

"When we bear in mind that upwards of 5,000,000 of hogs are slaughtered and packed in the Western States, not including those which are put up for family use by the farmers; that if four per cent. of this pork is diseased, which we believe to be a low estimate, we have 221,484 diseased hogs put annually upon the market, or at an average of two hundred pounds to the hog, 44,296,800 pounds of diseased meat, every ounce of which, under favorable circumstances, is capable of producing disease."

Many cases of sickness which are diagnosed as typhoid fever, chronic diarrhea, etc., there are good grounds for believing, are produced by trichina.

Inspection properly performed by one who is in every way fully qualified and equipped in the most reliable means of averting the danger to health and life consequent upon partaking of animal food which is diseased, and a danger, too, that is not only, we find, unseen, but unsuspected. It is to the consideration of this danger, as it manifests itself particularly in the possible transmission of bovine tuberculosis to man, through the

use of meat and milk as food, that I will now direct your attention briefly.

Reasons for suspecting that tuberculosis of the bovine species may be transmitted to man have been suggested from time to time, but especially since the demonstration of the infectious origin of tuberculosis by Villemin in 1865. The first ground of our suspicion or alarm is that tubercle, or as it is called, pearl-disease or consumption, is quite common in the bovine species of animals to which we trust so implicitly—one might almost say blindly—for a large part of our food; and as the production of tuberculosis is shown, by the recent discovery of Koch, to be dependent upon the presence distinctive bacilli, which bacilli are found to exist in abundance in the pearl-nodules, as they appear in the pearly distemper of bovine animals, the identification of tuberculosis with the pearl-disease is thus clearly established. How prevalent the disease is among the cattle of Tennessee cannot at this time be stated with any approach to accuracy, as after an extensive inquiry among the dairymen and farmers in different localities throughout the State, we have failed to elicit any information which would justify our attempting even an approximation. In a large number of instances the reply came, "My attention having never been called to the subject, I have never observed particularly;" while others, again, stated, especially dairymen, that occasionally they have lost a cow from consumption.

"Those who know nothing," says a distinguished writer upon veterinary medicine, "of tuberculosis, may question its claim to a place among what may be called the four bovine scourges, viz.: pleuro-pneumonia, eczema epizootica (foot and mouth disease, cattle plague (rinderpest) and tuberculosis (pearl disease or consumption), but, as will be seen on studying it, it is more insidious (and equally deadly) to the stock owner than either of the other three diseases."

Tuberculosis is an inherited and chronic disease which may be present for years in the body of an animal and give rise to no symptoms. The distinctive formations of the serous membranes —the pearl-nodules of the disease—we are informed, "are sometimes found in animals that have been slaughtered in perfect con-

dition." But the disease in its worst form, or so far advanced as to give signs and symptoms during life, "is mostly met with in milch cows, and more especially in old cows."

"The cow-houses," it is stated, "in or near large towns contained the largest proportion of diseased animals suffering from tuberculosis." The close confinement, the artificial food, the want of pure air, pure water and sunlight, to which they are here subjected, all tend to develop the disease. The cows are milked as long as it is profitable to milk them, and they are then sold, out of the herd, probably, to the butchers.

Some breeds are more liable to the disease than others, and it is said there are breeds which are entirely free from the disease.

Prof. Thomas Walley, of Edinburgh, says: "The breed of animals which, in my experience, are most subject to tubercle, Alderneys, Guernseys (the latter in a much less degree, however, than the former), and Short-horns, amongst home cattle, and amongst foreign cattle, the Danish. It must not, however, be assumed from this remark that all Short-horns are equally predisposed; it is only in particular districts and with particular strains that this holds good. Neither would I have it assumed that all pure and highly-cultured strains are contaminated; but I do, with confidence, assert this—that quite half, if not more than half, of the well-known strains are tainted with the leprosy of scrofula. With regard to the majority of our pure breeds, I can only speak positively of those with which I am practically acquainted. In Highland cattle I have never seen tubercle, though it is very possible that those who have opportunities of seeing autopsies of old cows may have done so. In some districts Herefords are peculiarly exempt from the disease; while in others, as in some parts of North Wales, I have seen scrofula frequently developed. The old smoky-faced Montgomeryshire cattle, few though they were, during my residence amongst them, I seldom saw affected, and the same remark holds good with reference to tha old Staffordshire Long-horns. The Ayrshires in certain districts are somewhat prone to tubercle, while in others they are free from it; but, under the influence of change of climate, they become particularly predisposed. The polled Aberdeenshires seem to be particularly exempt, at least I have never seen tubercle

in them; and I have it from Mr. McCombie, that he has never seen it in any cattle of the polled breed, however closely bred."

Similar information, as regards the effects of climate and locality upon the different strains in Tennessee, is especially to be desired.

Virchow places the average of the disease to be found in the cattle of Prussia at from fifteen to twenty per cent., but the amount of disease is generally put at a higher figure than that. Without adopting the most alarming estimate of the prevalence of the pearl disease or consumption in the bovine species, there need be no hesitation in concluding that the milk of cows in a more or less advanced state of the tubercular disease is constantly being consumed by infants and adults; that, in fact, the species of domestic animals which is so much in our confidence that we even drink of one of its secretions and eat of its flesh, and sometimes even of its vicera, is a species that is widely tainted with tubercular disease. That alone is fact enough to cause uneasiness. Add to that the sort of evidence that has been obtained by experiments on animals and we seem to have the best grounds for believing that tubercle may come to the human species from the cow. Some pathologists have proceeded by inoculating the tuberculous matter from the cow under the skin of the rabbit, or other animal, or by injecting it into their veins; while others have experimented by feeding certain of the common domestic animals with the milk of tuberculous cows, or with the the actual tubercle-nodules. If all the experiments have not succeeded, a sufficient number of them have to prove that animals may be made tuberculous, either by inoculation with turberculous matter from the cow, or by feeding with the tuberculous substance, and even with the milk of the diseased animal.

That tuberculosis, as it exists in cattle, says Dr. Cornelius B. Fox, of South Essex, "can be conveyed to calves, rabbits, guinea pigs, etc., by the milk of an animal suffering from the disease, has been proven over and over again by Chaureau, Klebs, Gerlach, Leisering, Zurn, Bollinger and others." Klebs asserts that when milk has been deprived of its solid particles, the tubercular virus is still found in the fluid portion, that it is not destroyed by cooking, and that it is all the more active as the disease has

reached to an advanced stage. He is of the opinion that the disease may be developed in children through the medium of the milk. That such milk is liable to excite diarrhœa and debility in children has been recognized.

Such then are the established facts which create a presumption that the enormous consumption of cow's milk, by infants particularly, and by adults, as well as the use of inferior kinds of meat —especially as is bought by the poor—is not unattended with risk, but on the contrary, and gives special significance to the fact, as shown by Fox and others recently, that but twenty-five per cent. of the cases of consumption in man are due to hereditary transmission, while the other seventy-five per cent. are caused by unsanitary influences, among which should be placed prominently unwholesome food, of which infectious milk and meat will be found, we have no doubt, to be most prolific.

Then, that with increasing prevalence there exists among our cattle, especially among our milch cows, a malignant disease, which publicly is almost unknown, and one we have seen, which sustains the relation of cause and effect, in some measures at least, to that which, possibly, is the most fruitful source of human disease and death, there exists no longer room for doubt.

The subject demands, therefore, the immediate attention of our public authorities, State and municipal, and should receive a candid consideration, and the deliberation of our most enlightened minds and professional experts in the devising and enforcing of such sanitary measures as will protect our tables, control the traffic, and stamp out the disease.—*J. D. Plunkett, in Transactions of Tenn. State Board of Health.*

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## HOW SOON MAY AN OBSTETRICIAN RESUME PRACTICE AFTER EXPOSURE TO SEPSIS?

Since writing the editorial upon the use of corrosive sublimate in childbirth the *Journal of the American Medical Association*, July 4, 1885, has come to hand, and we have read in it with great pleasure an article by Dr. Geo. F. French in answer to the question, "How soon after exposure to sepsis may the accouch-

eur resume practice?" The common sense of the matter, which is plainly brought forward in this article, is that time is not the chief factor of purification; that provided the surgeon be pure, it matters not how recently he was impure; or, in other words, if the surgeon be impure, it wots little how long since the impurity was acquired. Pasteur is affirmed to possess contagion-spores twenty years old and still active, and the coat of Hildebrandt is stated to have retained its contagion for a year and six months. On the other hand an infectious discharge saturated with corrosive sublimate in a few moments becomes harmless. In regard to the method of self-purification, Dr. French employs the following:

"Particles of contagion most often find lodgment on our hands, and particularly under the finger-nails. It is always possible after the ordinary use of the nail-brush or knife to remove particles of dirt in which the microscope reveals living germs of possible infection. On this account I cut the nails short and swab under them with a blunt instrument covered with cloth and wet with some disinfecting liquid. I formerly used for this purpose a five per cent. solution of carbolic acid; but this made the sensitive flesh crack and pull away from the nails; I now use, instead, corrosive sublimate solution 1 to 2000. The five per cent. solution of carbolic acid, even in washing the hands, causes them to crack and chap so as to be an open source of infection to the operator. Before I adopted the swabbing under the nails I covered the interspace with collodion, the use of which I now reserve for hang-nails, cracks and abrasions. All instruments are kept scrupulously clean as well as disinfected, and the nurse is regarded as one of the instruments."

We think that in addition to this, if there has been an especial exposure, the obstetrician, ovariotomist, or operating surgeon is bound to take a general bath and to change his clothes. The method which is said to have been adopted by Volkman, of putting on, before each operation, a long, newly-washed linen coat and requring his assistants to do the same, seems to have much merit. Prof. Martin, of Berlin, uses for the entire body a lotion of corrosive sublimate (1 to 10,000).—*The Therapeutic Gazette.*

## ABSCESS OF THE BRAIN.

W. C., aged 26 years, presented himself to the clinic October 13, suffering with severe pain in the head, well-marked stupor and disposition to coma. He gives the following history: Four years ago, in a fight, he was struck on the head with a hoe. The blow fractured his skull and rendered him senseless at the time, and for two weeks he was unconscious. He says that after that time he began to grow better, and was soon able to attend to his duties, but that the wound made with the hoe never healed. He says there has been a constant discharge from the wound all the time, but there has been very little pain until recently. It is a well-known fact, gentlemen, that abscess of the brain sometimes comes on a considerable time after injury. Horner mentions an instance where there was an interval of nearly twelve months from the infliction of the violence until the abscess appeared. Sir Everard Home mentions a case where nineteen months elapsed. There are examples to be found in Gross' Surgery where three years elapsed from the time of injury until the abscess appeared. In this case it is a little over four years since the injury was inflicted, and he has been suffering for a few days only with well-marked symptoms of abscess of the brain. There is one thing that may possibly influence this trouble. The patient had syphilis, and was treated for it before the reception of the injury to the head, and that may possibly influence the trouble and prevent the healing. There may be a piece of necrosed bone that has kept the discharge up. We will cut down upon the bone, and then we can determine whether we have necrosis or not. We simply make the existing opening in the scalp larger, and we find an opening in the cranium that has existed from the time of injury. A probe is now introduced into the opening and carried towards the centre of the brain, following a fistulous track; now with the probe introduced to the depth of four inches, you will notice that the pus flows freely. The treatment will consist in keeping the wound in the scalp open, and keeping the abscess well drained, and, in consequence of the old syphilitic trouble, we will direct for him thirty grains of iodide potash, to be given

after each meal. The potash should be given largely diluted with water.

Oct. 17.—The patient is suffering to-day very greatly as the result of a closure of the scalp wound and a want of free drainage. We re-open the wound and make it larger, and direct that the wound be kept dilated with an elm tent.

Oct. 24.—Patient doing very well; abscess discharging freely, and the patient free from pain; treatment continued. From October 24th to November 28th the discharge kept up; the patient was kept on same treatment.

Nov. 28.—Discharge has almost ceased; the probe can be introduced only three inches, showing a filling up of the cavity at least one inch.

Dec. 12.—The patient has been improving constantly, and the cavity in the brain is gradually filling; it measures only two and a quarter inches to-day.

Jan. 12.—Patient says he is feeling very well. He is wonderfully improved; is gaining flesh daily. The cavity has filled so much that the probe will only pass in one and a half inches. There is still a slight discharge.

Feb. 6.—Patient says he has felt perfectly well until a day or two ago, when some slight pain began at the old sore. The wound has healed entirely. We make an opening through the scalp to relieve this pain, and find a slight amount of pus tinged with blood. The probe that once could be introduced four inches into the brain will not pass in at all. We have every reason to believe that the patient will soon be well.

Feb. 20.—To-day we find the wound entirely healed, with no pain at all. Every symptom has subsided. There has not been the slightest trouble since his last appearance; we therefore dismiss the patient as cured.—*The Atlanta Medical and Surgical Journal.*